

# Senator Dan Sullivan (Alaska)

## Privacy Act Release Form

This Privacy Act generally requires your written consent before a government agency will release information to my office regarding your records. To better serve you, please complete this form and return it to the address at the bottom of this page.

**(Please Print Clearly)**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Military Branch (If Applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency/Dept. Involved: \_\_\_\_\_ Email: \_\_\_\_\_

**PROBLEM:** Briefly explain your problem and outline the steps that have been taken by you and the agency with regard to your situation. In addition, please make your request for assistance as specific as possible. Should you require more room, feel free to attach a letter addressed directly to the Senator.

---

---

---

---

---

---

---

---

---

---

**PRIVACY ACT:** In accordance with the provision of the Privacy Act of 1974, I authorize the Office of U.S. Senator Dan Sullivan to obtain information about me from covered agencies in connection with my case.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please email, mail, or fax the signed and completed form and any attachments to:

**U.S. Senator Dan Sullivan**

Anchorage Field Office

510 L Street, Suite 750

Anchorage, AK 99501

Phone: 907-271-5915

Fax: 907-258-9305

EMAIL: [Senator.Sullivan@sullivan.senate.gov](mailto:Senator.Sullivan@sullivan.senate.gov)